ASSOCIATED OUT-PATIENT CLINICS

OF

THE CITY OF NEW YORK

Annual Report

1922

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Associated Out-Patient Clinics

of

THE CITY OF NEW YORK

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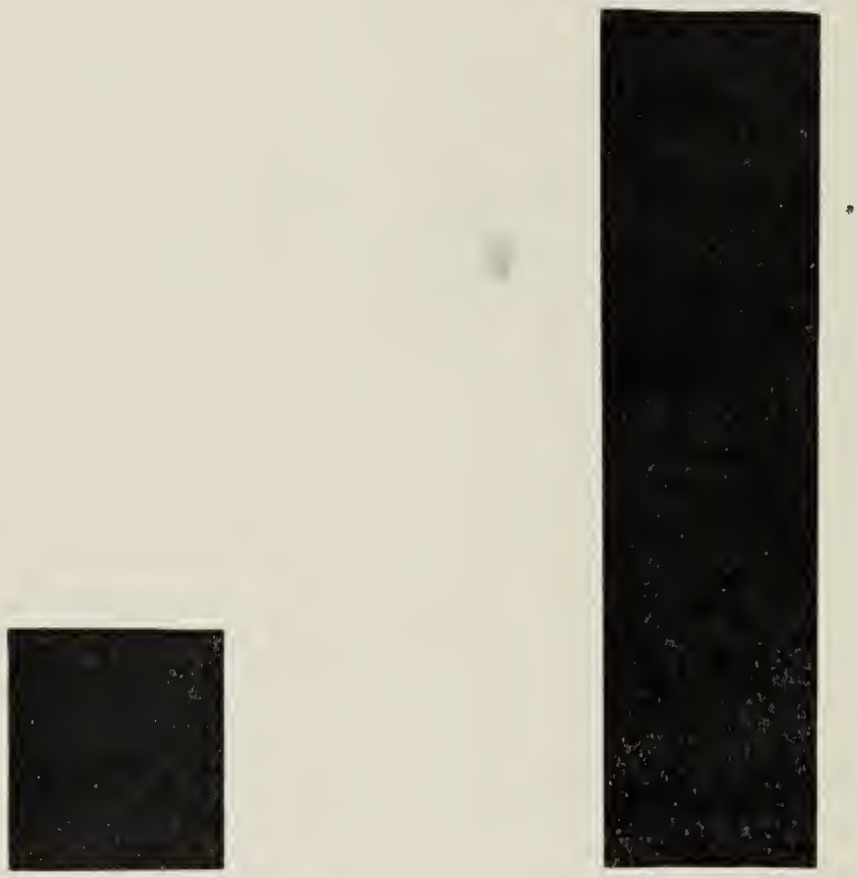
HOSPITAL PATIENTS
and
DISPENSARY PATIENTS

COMPARATIVE NUMBERS, 1921



Bed Patients
223,500

Out-Patients
804,500

The figures represent the numbers of hospital bed patients and patients in the out-patient departments of 43 member institutions of the Associated Out-Patient Clinics which maintain both branches

ANNUAL REPORT, 1922

THREE major obstacles to effective dispensary service in New York City have become increasingly prominent during the past year's work of the Associated Out-Patient Clinics. Considerable progress has been made, however, in formulating standards of treatment and administration for general adoption, standards which represent, in the main, the considered judgment of physicians familiar with dispensary work on problems largely professional in character. These standards and the results of other technical activities of the Associated Clinics are reported in detail on later pages. Each of the 64 member institutions of the Associated Out-Patient Clinics has two representatives in the general governing body, one representative being a trustee, the other, a member of the medical staff or the superintendent.

Responsibility of Boards of Trustees

Responsibility for the three major obstacles referred to, and such power as exists to lessen or to remove them altogether, rests not in any large measure with the doctors, but mainly with the laymen who generally compose the boards in control of hospital and dispensary policy. It is fair to say that physicians in direct contact with dispensary work generally recognize pretty clearly the causes of the wide gap between present accomplishment and what might be accomplished—mainly by the adoption of methods suited to attaining a different standard of results. That laymen, particularly those more or less directly concerned with hospital funds and management, do not so clearly see either the greater good that might be accomplished, or how present methods stand in the way of such accomplishment, certainly is not due to any lack of sincerity and good faith on their part. The explanation lies rather in the fact that the requirements of an increasingly complex medical-humanitarian situation, and the methods needed to satisfy those requirements, demand of the interested layman a degree of almost technical business study and grasp such as he has not felt called upon to give to hospital

matters. The Directors of the Associated Clinics believe that the application of business standards of judgment to the purposes and the existing methods of most of the dispensaries in Greater New York will convince most of their lay trustees and supporters of the reality of the outstanding obstacles to such effectiveness, and of the character of the remedies that should be applied. *Waste* is the collective name of all three obstacles; but the type of waste in each is somewhat distinctive, and will bear particular description.

Quantity *versus* Quality

Quantity in place of quality is the key to one of these types of waste. Quality of service is frequently sacrificed to mere numbers of patients "treated" in dispensaries where the (generally) lay authorities in control of administration admit more patients than can be properly dealt with by the dispensary physicians. There are dispensaries where the examining doctors are expected to diagnose and prescribe at the rate of thirty or forty patients an hour—two minutes or less to each patient. And the multitude of the sick will or must accept such aid as is offered them. Such a plan results in impressive totals for number of patients, number of treatments, etc., in the annual report of the institution. But unhappily these figures are in reality merely figures—they are not actual results—they do not represent sick persons substantially relieved of their burdens. It is impossible to do substantial remedial work at such a pace. The first step towards abolishing this obstacle to dispensary effectiveness is the setting up of a standard of real accomplishment: not how many, but how much. The practical wisdom of changing to a quality standard will be clearer, if there is need of more clearness, when the fact is realized that in thus failing through haste to get results, nearly all the time, money, and effort put into quantity results are actually wasted. It accumulates statistics, but little actual alleviation of the burdens of sickness.

Another form of waste, constituting another of the three major obstacles to effectiveness referred to in the opening paragraph of this report, lurks behind the pretty general failure of hospitals conducting an out-patient service to have a system of

cost accounting which shows what they are actually putting into the out-patient service. When it is supposed, as is the case on the basis of the cost accounting of some hospitals, that the cost of each out-patient is less than twenty cents for each visit, there is likely to be considerable tolerance for a large number of patients treated per hour. Any suspicion that such rapid handling cannot result in very substantial relief is naturally offset by the feeling that after all, very little money has been put into it, and that the dispensary has really accomplished a good deal for the amount expended.

What Does Dispensary Service Cost?

As a matter of fact, however, the hurried attention given the out-patient is largely wasted because it is superficial; and the effort costs a good deal more money than is generally realized. The reported cost in various dispensaries of New York ranges from about 15 cents per visit in some, to more than a dollar per visit in others. The inference from this—and facts show the inference to be correct—is that the low cost as reported is not actual real cost. The service given in an out-patient department by nurses and others on the hospital pay-rolls, when properly allocated to the out-patient service, often shows that the dispensary work is properly chargeable with the salaries of a considerable staff. Even in the most rapid-action dispensaries, proper cost accounting usually shows that the actual expenditure per patient is not remarkably low—that on the contrary it is high enough not only to warrant scrutiny as mere expenditure, but to raise serious question as to what the dispensary is accomplishing in justification of that expenditure. Specifically, the need in the dispensaries under this heading is to know what you are spending, what you are getting for it, and whether it is worth while to do the work at all in such an ineffective fashion. It may be assumed that every dispensary can do good and substantial work if it will undertake only what it can see through in adequate fashion. When lay supporters and administrators of dispensaries grasp the reality of the gap between quantity and quality, and take pains to discover what they are spending on mere quantity, the removal of this particular obstacle will be well

begun. In the much-worn phrase, it is really "a business proposition."

Waste Through Lack of Coordination

A third aspect of waste—and the third of the major obstacles to efficiency—is the too common lack of coordination between the out-patient service and the ward service of a hospital. It would seem probable, and it is a fact, that out-patients visiting the dispensary of a hospital frequently become bed cases, and are ultimately received into the wards of the hospital. Similarly, patients discharged from the wards of a hospital, as no longer requiring care in bed, frequently need further medical or minor surgical attention, and continue as patients of the hospital in its dispensary department. With such a flow of patients from one branch of the service to the other, and in both directions, it would seem a clear requirement of effectiveness and economy of hospital resources to make whatever is done for an out-patient available and useful to the wards when that patient moves into a ward; and whatever is done for a ward patient equally useful to the dispensary department when the patient leaves the ward and becomes an ambulatory case. Here is essentially a single institution, with two branches, it is true, dealing with a sick person in bed and the same sick person out of bed. How could anyone suspect that this person would be treated as *two* persons, by two different sets of officers employed by the same board of trustees; and that two different sets of records and procedures would be established for this one person, just as though there were two persons receiving treatment from two widely separated institutions—instead of there being only one person treated by two departments under one control and virtually under one roof?

Yet this is often the case in hospitals maintaining both wards and out-patient service. Such hospitals are virtually two institutions, with all the duplication of effort and expenditure (as in laboratory and X-ray work) that might be expected of two independent and unconnected institutions. But with common housing and control there is no valid excuse for such duplication. It is an avoidable waste of time, money, and effort, and results in no conceivable special benefit to the patients in whose service both wards and dispensary are supposed to find the

justification for their existence. Several institutions have already worked out the unification of ward and out-patient department and demonstrated its advantages and its practicability.

Educational Opportunities for Physicians

There is also another form of waste involved in such lack of coordination which deserves special attention—namely, the waste of educational opportunity for the physician in the dispensary. In the great majority of hospitals his patient in the dispensary disappears when the ward takes jurisdiction. He has no opportunity to observe the further progress of the case he has studied in its ambulatory stage. He has no opportunity for conference with the ward men on the cases both have worked over, and therefore can learn nothing from their judgment of the case and their reasons for a particular treatment as against other possible courses. Thus neither of the two prime purposes of a hospital—to cure the sick and to educate physicians—is served as adequately as it might be.

The term "efficiency" is sometimes decried as too often a theoretical abstraction purchased at the sacrifice of more important human considerations. But no such objection can hold against the greater dispensary efficiency for which this report is a plea. There are certain dispensaries in New York City where not only efficiency, but an exceptionally high quality of service is found. Speaking generally, however, the dispensaries of New York City with a million persons depending upon them for greatly needed service, are sacrificing human values to waste of money, of time, and of effort. The fact is indisputable. It is the supreme argument for a revision of methods and of standards of dispensary work. Devising of needed higher technical standards, and of improved administrative methods has furnished the bulk of what may be called the technical work of the Associated Clinics during the year.

Standards for Eye Clinics

Detailed standards for out-patient service in eye clinics have been drawn up under the direction of the executive committee of the Ophthalmological Section, consisting of nine leading

specialists headed by Dr. Walter E. Lambert. The present service was studied by Dr. Conrad Berens, Jr., and the executive staff of the Association and found to be generally unsatisfactory because of over-crowding, meager and poorly arranged equipment, unsatisfactory methods of providing eye-glasses, and difficulty in securing a sufficient number of doctors for eye testing ("refraction work"). The detailed standards prepared on the basis of these studies have been ratified by the Associated Out-Patient Clinics, and are soon to be published in the *American Journal of Ophthalmology*. Special recommendations have been made toward improving refraction service and also toward more satisfactory arrangements for providing glasses for patients. Consideration of the proposed standards is especially urged upon the trustees of the individual institutions having eye clinics.

Venereal Clinics

Issuance of a circular of instruction approved, if not actually provided by the Health Department, is required by law for all patients affected with syphilis or gonorrhea. Such a circular has been prepared through the combined efforts of the Health Department and the Section on Venereal Diseases and as a result of this close cooperation, a form has been worked out which is likely to do away with criticism and to inspire interest. Instruction sheets have been printed in great quantity, and may now be procured through the Health Department or, with the imprint of the Venereal Disease Section, through the Associated Out-Patient Clinics. An information service covering opportunities for physicians to serve in venereal disease clinics has also been maintained by this Section, of which Dr. Edward L. Keyes, Jr., is the chairman.

Follow-Up and Social Service

In order to determine the best methods of following up syphilis cases and keeping them under medical control, a study and demonstration of social service in connection with a syphilis clinic has been arranged in cooperation with the Social Service Section. After careful survey of nearly all institutions in the city maintaining such clinics, Brooklyn Hospital was selected for this purpose. The advisory body for this experiment is a joint

committee of the Brooklyn Hospital (which has full administrative control) and the Associated Clinics. Funds to meet the special expenses of the first year have been appropriated by the Committee on Dispensary Development of the United Hospital Fund. It is hoped that what is learned from this work at the Brooklyn Hospital may be of service to the many syphilis clinics within the city and elsewhere, and that it may provide the Health Department of New York City with a basis for judging the follow-up systems of syphilis clinics as required by the regulations of the Sanitary Code.

A survey of more than forty hospital social service departments, undertaken during the year 1921 by the Section on Social Service under the chairmanship of Mrs. John S. Sheppard, has been concluded, and on the basis of its findings the Section last year adopted a number of detailed recommendations for organization and methods in hospital social service. These standards were published in one of the professional journals, and were promulgated among the social service departments in New York hospitals. Inclusion of the social service standards in the recommended standards of the Sections on Ophthalmology and Pediatrics has been secured. Participation by this Section in the study to be made in the syphilis clinic of the Brooklyn Hospital has been noted elsewhere.

Improvement of Children's Clinics

Standards for out-patient service in children's clinics have been prepared by the Section on Pediatrics, under the chairmanship of Dr. Roger H. Dennett, through an executive committee of representative specialists in children's diseases. They will be published soon in the *Archives of Pediatrics,* and in *The Nation's Health.* Thirty-one member institutions operating pediatric clinics have been visited and their conditions compared with these standards, and information as to the results of this comparison has been presented to the directors of service, superintendents and others in the institutions concerned. Improvements in many institutions, and the reorganization of two are reported as results of this activity. Demonstration of the actual working of the standards for children's clinics as adopted by this

Section, to be made at the children's clinic of Bellevue Hospital, was arranged for late in the year. It is hoped that during the coming year children's clinics throughout the city may be assisted in improving their service to children by the example of this undertaking at Bellevue.

Hospital and Dispensary Reports

The need of greater uniformity in hospital reports and dispensary statistics has been taken up by a committee of the superintendents of hospitals, under the chairmanship of Dr. George O'Hanlon, Superintendent of Bellevue Hospital, acting as an executive committee of a Section on Administration.

It is noteworthy that altogether several hundred professional men and women, to whom the Board of Directors is greatly indebted, have given a great deal of time during the past year to the formulation of standards for the improvement of this important field of service to the health of the community. It is hoped that during the coming year their recommendations will be brought effectively to the attention of trustees of the individual institutions, with whom rests the power to translate them into practice. During 1923 it is anticipated that a Section on General Medicine will take up actively the problems and standards of this basic department.

How the Associated Out-Patient Clinics Work

Most of the detail work of the organization is carried on through the professional sections. Matters relating to children's clinics, for example, are taken up by a group of delegates representing each of the thirty-seven clinics which maintain special departments for children. This Pediatric Section appoints its own executive committee, works out its own problems, and refers its recommendations to the central committee of the Associated Clinics. Such organizations as the New York Association of Tuberculosis Clinics, the Association of Cardiac Clinics, and the Hospital Social Service Association, serve by mutual agreement as the professional sections dealing with these phases of dispensary work.

The Associated Out-Patient Clinics has been in existence for

ten years, and while its activities were temporarily interrupted by the great war, they have since been continued with renewed vigor due to the increasing importance which the dispensary problem has assumed in New York City. More effective organization of the Associated Clinics is believed to have resulted from a change in the constitution made early in the year, which provided for a larger Board of Directors (now 25) and a smaller Executive Committee (now 7). It seemed desirable to have a larger and more representative body for the determination of general policies; while a smaller body seemed to promise better results on the executive side.

The work has been financed almost entirely by an appropriation from the Committee on Dispensary Development of the United Hospital Fund, the Executive Secretary of which, Mr. Michael M. Davis, Jr., is the Executive Secretary of the Associated Out-Patient Clinics.

General Standards for Dispensaries

General standards for the organization and management of dispensaries have been formulated in a tentative way by the Executive Committee of the Associated Clinics. The medical organization has been dealt with separately, with the purpose of meeting the need of closer relations between the hospital ward and the out-patient department. Such relations will avoid duplication of work and the unnecessary expense involved therein. They are also essential (as has already been pointed out) to the progress of both the patient who is being treated and the physician who is eager to study the case. These "Standards for the Relation between the Out-Patient Department and Wards" have been already circulated quite widely among physicians in New York City and elsewhere, and printed in professional journals.

At the close of the year tentative standards for the general organization of dispensaries were circulated for comment and criticism among a large number of practising physicians, hospital administrators, and others, as it is the desire of the Association to have the fullest possible discussion by all interested groups before final recommendations are made upon any general

standards. In presenting the standards at a recent meeting of the Board of Directors, Dr. Alexander Lambert, Chairman of the Executive Committee, said:

> "That the dispensary is the real place for future development of usefulness in the hospitals and that it offers today the greatest opportunity for increased development is but little realized by either laymen or the medical profession, and your Executive Committee desires to bring forward this basic proposition for your consideration and ask for your active cooperation and aid in bringing about the realization of this fact in the community. These general standards are, therefore, the general principles by which this may be brought about and are offered to you with the urgent request that they be considered from this point of view and be considered from every point of view by the boards of trustees represented in this Association, and that the boards of trustees of each individual institution consult with their individual medical boards and discuss the pros and cons of the advisability of their application."

Towards the close of the year, the Association took up the sources of income of the dispensaries and possibilities of increasing financial support for them. During 1923 it is the hope of the Directors that the work of the professional sections will continue and advance in their technical services, and that an increasing number of the member institutions will take up, through discussion of the general standards and otherwise, the improvement of their dispensaries, and that further study of means of enlarging their financial support will yield some practical results.

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University and Bellevue Hospital Medical College,
Dispensary and Clinic, 338 East 26th Street
William J. Pulley, M.D. — *George B. Wallace, M.D.*

Vanderbilt Clinic, 60th Street and Amsterdam Avenue
William Darrach, M.D. — *Frederick Miller*

West Side Dispensary and Hospital, 328 West 42nd Street
Alfred B. Rode — *Albert V. Mentz*

Williamsburg Hospital, 106 South Third Street, Brooklyn
George L. Stamm — *Jacob M. Wallfield, M.D.*

Woman's Hospital, 141 West 109th Street
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